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# Commonwealth of Kentucky
# Trey Grayson, Secretary of State

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**Trey Grayson**
**Secretary of State**
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Division of Corporations
Business Filings

P. O. Box 718
Frankfort, KY 40602
(502) 564-2848
http://www.sos.ky.gov

## Statement of Change of Registered Agent Name/Address

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362 the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

**TMG INSURANCE SERVICES INC.**

**The current registered agent name and address for the organization is:**

C T CORPORATION SYSTEM
4169 WESTPORT ROAD
LOUISVILLE KY 40207

**The registered agent name and address for the organization is being changed to:**

C T CORPORATION SYSTEM
306 W MAIN ST
SUITE 512
FRANKFORT KY 40601

**Acknowledgements:**
I acknowledge that the registered agent entered above is a company authorized to do business in the state of Kentucky and that the signature below is of an individual authorized to sign for the registered agent.

**Consent of agent**

I declare that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. I consent to serve as the registered agent on behalf of this company.

Marie Hauer

This document was filed electronically via a batch update request.